

9/727491

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|---|---|---------------|------------------------------------|---|---------------|---|--|-----------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 | | | | Application or Docket Number <div style="font-size: 1.2em; font-family: monospace;">09727491</div> | | | | | |
| CLAIMS AS FILED - PART I | | | | | | SMALL ENTITY TYPE <input type="checkbox"/> OR OTHER THAN SMALL ENTITY | | | |
| (Column 1) | | (Column 2) | | | | (Column 1) | | (Column 2) | |
| TOTAL CLAIMS | | 20 | | | | RATE | | FEE | |
| FOR | | NUMBER FILED | | NUMBER EXTRA | | BASIC FEE | | 355.00 | |
| TOTAL CHARGEABLE CLAIMS | | 20 minus 20 = | | 0 | | X\$ 9= | | | |
| INDEPENDENT CLAIMS | | 3 minus 3 = | | 0 | | X40= | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | | | | | +135= | | | |
| | | | | | | TOTAL | | | |
| | | | | | | OR | | TOTAL | |
| | | | | | | | | 710.00 | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | | |
| CLAIMS AS AMENDED - PART II | | | | | | SMALL ENTITY TYPE <input type="checkbox"/> OR OTHER THAN SMALL ENTITY | | | |
| (Column 1) | | (Column 2) | | (Column 3) | | (Column 1) | | (Column 2) | |
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | RATE | | ADDI-TIONAL FEE | |
| | Total | 15 | Minus | 20 | = | X\$ 9= | | OR | |
| | Independent | 3 | Minus | 3 | = | X40= | | OR | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | +135= | | OR | |
| | | | | | | TOTAL | | OR | |
| | | | | | ADDIT. FEE | | | | |
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | RATE | | ADDI-TIONAL FEE | |
| | Total | | Minus | | = | X\$ 9= | | OR | |
| | Independent | | Minus | | = | X40= | | OR | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | +135= | | OR | |
| | | | | | | TOTAL | | OR | |
| | | | | | ADDIT. FEE | | | | |
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | RATE | | ADDI-TIONAL FEE | |
| | Total | | Minus | | = | X\$ 9= | | OR | |
| | Independent | | Minus | | = | X40= | | OR | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | +135= | | OR | |
| | | | | | | TOTAL | | OR | |
| | | | | | ADDIT. FEE | | | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | |